

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Montgomery County Circuit Court
 Civil Department, North Tower
 Room 1200
 50 Maryland Avenue
 Rockville, MD 20850

2. Article Number
 (Transfer from service label)

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

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Domestic Return Receipt

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- Sender: Please print your name, address, and ZIP+4 in this box •

U.S. District Court Clerk's Office
101 West Lombard St., Rm. 4415
Baltimore, MD 21201

21-cv-1736

